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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNE	CONFIRMATION NO.	
10/685.322	10/14/2003		Mark Hirst	2003		309706-1	5015
FITLE OF INVENTION: IMAGING DEVICE COOLING SYSTEM			Mark This		200.	307700 1	5015
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0		\$1440	01/28/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
YAN, REN LUO		2854	101-484000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
☐ "Fee Address" indication (or "Fce Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.							
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Hewlett-Packa	as						
Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🔘 Government							
4a. The following fce(s) a	re submitted:	4	b. Payment of Fee(s): (I	lease first reapply a	ny previou	sly paid issue fee	shown above)
Issue Fee		A check is enclosed.					
Publication Fcc (N	o small entity discount	permitted)	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>08-2025</u> (enclose an extra copy of this form)				
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Authorized Signature	/ Robert D	. Wasson /		Date			
Typed or printed name Robert D. Wasson				Registration	No	40,218	
This collection of informa an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 of iality is governed by 3: application form to the ons for reducing this but inginia 22313-1450. Do 13-1450.	CFR 1.311. The informatis U.S.C. 122 and 37 CFR e USPTO. Time will vary treen, should be sent to tree to NOT SEND FEES OR	on is required to obtain 1.14. This collection is y depending upon the in the Chief Information Of COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any of ficer, U.S. Patent and TO THIS ADDRES	the public v minutes to comments or d Trademark SS. SEND T	which is to file (an complete, including in the amount of the coffice, U.S. Dep O: Commissioner	d by the USPTO to proces ng gathering, preparing, a mic you require to comple nartment of Commerce, P.A. for Patents, P.O. Box 145

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